



A Tale of Two Patients

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No Abstract

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ASK MOST NURSES why they chose their profession, and you're likely to hear that they wanted to "help people." Honestly, that wasn't me. I did it for the money.

My dad was a barber supporting seven kids. I was the second oldest, and we were always poor. We had food and secondhand clothes, but not a lot extra. Growing up, I was painfully aware of the importance of having a job with stability and a dependable income.

So I wasn't someone who'd dreamt of being a nurse all her life to help others. Nursing was really more about helping *myself*—that is, it was until I met Tory and Willie. These two patients didn't even know each other, but together they changed my attitude about nursing.

Mysterious illness

Tory was only 6 years old when she was admitted to our medical intensive care unit (ICU). She interested me because she was a child, and that was a bit unusual for our unit.

The circumstances surrounding her condition interested me too. She'd been playing in her yard with friends when the friends ran frantically into the house to get Tory's mom. Tory had "fainted," they said, and they couldn't wake her up. She hadn't fallen or experienced any other type of trauma, but she couldn't be roused.

When Tory arrived at the hospital, her parents were nearly hysterical. She was their only child, ordinarily a vivacious bundle of blond curls and blue eyes. Her father was

an architect, and her mother, a stay-at-home mom. They doted on her, and she had every privilege.

Having grown up in very different circumstances, I didn't feel any particular empathy for Tory at the time. But her care would be a challenging nursing assignment, and that appealed to me. I volunteered to be her primary nurse.

Challenging assignment

Comatose on admission, Tory was diagnosed with a brain abscess, a rare but often fatal pediatric disorder. Her treatment consisted of intravenous (I.V.) antibiotics and supportive care, including mechanical ventilation.

For the next 3 weeks, I expertly handled her multiple I.V. lines and the ventilator, explaining procedures and diagnostic tests to her parents in a knowledgeable way. I attended when the neurologist described the diagnosis to the parents and reinforced his explanation later.

During this time, Tory remained comatose. Her parents asked me over and over if she'd ever recover. I patiently explained that we didn't know but that the physician did give her a slim chance of recovery.

As Tory's primary nurse, I set up a little vigil with her parents at Tory's bedside in ICU room number 3. I did my charting there, monitored her neurologic and hemodynamic status, gave her medications, bathed and repositioned her—in short, I devoted my full attention to her and her family. I remember Tory so well because I thought I was giving her the best nursing care I'd ever given anyone.

Then one day, to everyone's astonishment, Tory woke up. Within the week she was extubated and discharged, basically in normal condition. She left, the family left, and the room was cleaned and made ready for the next patient.

I noted to myself that despite all my efforts, the family had never even thanked me. They probably didn't realize the huge contribution I'd made to Tory's recovery, but after all, I'd just been doing my job. Although it bothered me, I tried to let it go because another patient was on the way.

Agitated and unkempt

The new patient was Willie, a 47-year-old man with a long history of alcoholism. Admitted for acute alcohol intoxication, he was agitated, unkempt, and filthy. He looked to have a greater need for a bath than sophisticated medical care. I wondered why on earth he was being admitted to the ICU.

"Just for tonight," the physician said. "He doesn't belong here, but no other bed is available. We'll try to put him somewhere else in the morning."

None of the nurses wanted to take him, including me. But I ended up with the assignment because my only other patient had just been discharged.

Willie's case couldn't have been more different from my last patient's. No dotting family members accompanied this guy. Nor was his care any great challenge for an ICU nurse. He had just one peripheral I.V. device, which had been inserted in the emergency department. I connected him to a cardiac monitor according to protocol, and it showed a normal sinus rhythm.

In contrast to Tory, who'd been comatose for most of her stay, Willie was wild. Shouting obscenities and tearing at his I.V. line, he pulled the sheets off the bed—and most of his clothing too.

When he finally settled down, I performed a focused physical assessment and charted my findings. Then, as he slept, I stayed away from him. After all, he didn't need (or even want) the expertise of an ICU nurse.

I got off work at 11 p.m. When I returned the next day, I was happy to see that Willie had been discharged. Even better, I found a nice surprise waiting for me on the counter of the nurses' station: 2 dozen long-stemmed red roses in a vase. The card had my name on it.

I wasn't married or dating any one in particular at the time, so I was perplexed about who would have sent me flowers. Then it dawned on me: Tory's parents.
They finally remembered to thank me, I thought.

But I was in for an even bigger surprise when I opened the card. The flowers weren't from Tory's parents after all. With shame I still feel as I write this today, I learned that they'd come from Willie, the patient I'd barely spoken to the night before.

In the card, he apologized for his condition the night before and thanked me for the care I'd given him. Ordering flowers for me must have been the first thing he'd done when he got out of the hospital that morning.

Turning point

Willie's gift marked a turning point in my career as a nurse, because it humbled me and made me think seriously about my attitude. I hadn't even treated Willie like a fellow human being. His note made me realize that I'd subconsciously been ranking people on the basis of whether I felt they "deserved" my care.

But it wasn't just that I hadn't given Willie good nursing care. I suddenly realized that I hadn't really given Tory good care either. I'd treated her as a condition, not a patient. I'd gone through the motions of caring for her, but not the emotions.

Maybe that's why her parents didn't remember to thank me. I have a photo of the roses Willie sent me, and I look at it from time to time. It reminds me that even though I didn't start my nursing career with altruistic motives, I've grown as a professional. Over the years, patients like Tory and Willie have helped me to become more sensitive and caring. Now it's my turn to thank them.